

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

32

DONALD CHARLES NICHOLS

Case:3:22-cv-11971  
Judge: Cleland, Robert H.  
MJ: Ivy, Curtis  
Filed: 08-23-2022 At 02:45 PM  
CMP DONALD C. NICHOLS V ANN ARBOR V  
A MEDICAL CENTER (LG)

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

v.

ANN ARBOR  
U.A. MEDICAL CENTER

Jury Trial: ☐ Yes ☒ No  
(check one)

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**Complaint for a Civil Case**

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name DONALD C. NICHOLS  
 Street Address 4452 WOLF LK. DR.  
 City and County BROOKLYN  
 State and Zip Code MICHIGAN 49230  
 Telephone Number 517-315-3382  
 E-mail Address \_\_\_\_\_

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

ANN ARBOR  
 Name U.A. MEDICAL CENTER  
 Job or Title (if known) \_\_\_\_\_  
 Street Address FULLER  
 City and County ANN ARBOR  
 State and Zip Code MICHIGAN  
 Telephone Number \_\_\_\_\_  
 E-mail Address (if known) \_\_\_\_\_

**Defendant No. 2**

Name \_\_\_\_\_  
 Job or Title (if known) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address (if known) \_\_\_\_\_

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## Defendant No. 3

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

## Defendant No. 4

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) \_\_\_\_\_,  
is a citizen of the State of (name) \_\_\_\_\_.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_,  
is incorporated under the laws of the State of (name) \_\_\_\_\_,  
and has its principal place of business in the  
State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of the  
State of (name) \_\_\_\_\_. Or is a citizen of (foreign  
nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated  
under the laws of the State of (name) \_\_\_\_\_, and  
has its principal place of business in the State of (name) \_\_\_\_\_.  
Or is incorporated under the laws of  
(foreign nation) \_\_\_\_\_, and has its principal place  
of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (*explain*):

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

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#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

\$ 75,000

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

##### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 8-20, 2022.

Signature of Plaintiff

Printed Name of Plaintiff

Donald C. Nichols  
DONALD C. NICHOLS

**VA**



**U.S. Department of Veterans Affairs  
Office of General Counsel**

**Torts Law Group (021)  
810 Vermont Avenue, NW  
Washington, DC 20420**

**Telephone: (202) 461-4900**

**In Reply Refer To: GCL #487186**

**Via Certified-Mail 7013 0600 0001 9396 4582**

**January 31, 2022**

**Donald Nichols  
445 1/2 Wolf Lk. Drive  
Brooklyn, MI 48230**

**Re: Reconsideration**

**Dear Mr. Nichols:**

**This office has now completed reconsideration of the above-referenced matters under the Federal Tort Claims Act (FTCA), and they are again denied.**

**The FTCA provides a legal remedy enabling an individual to recover damages under circumstances where the United States, if it were a private person, would be liable. Our review revealed no evidence of any negligent or wrongful act or omission on the part of a Department of Veterans Affairs (VA) employee acting within the scope of his or her employment that resulted in harm to you.**

**If you are dissatisfied with this decision, you may file suit directly under the FTCA, 28 U.S.C. §§ 1346(b) and 2671-2680. The FTCA provides that when an agency denies an administrative tort claim, the claimant may seek judicial relief in a Federal district court. The claimant must initiate the suit within six months of the mailing of this notice as shown by the date of this denial (28 U.S.C. § 2401(b)). In any lawsuit, the proper party defendant is the United States, not the Department of Veterans Affairs.**

**Please note that FTCA claims are governed by a combination of Federal and state laws. Some state laws may limit or bar a claim or law suit. VA attorneys handling FTCA claims work for the Federal government, and cannot provide advice regarding the impact of state laws or state filing requirements.**

**Sincerely,**

A handwritten signature in black ink that reads "Tami R. Nantz".

**TAMI R. NANTZ  
Deputy Chief Counsel**

To Whom this may concern,

My name is Donald Nichols and I am a Army Disabled Veteran with 50% disability. I am here today because I have had a total of ~~4~~ 3 eye Surges to help improve my vision from having Cataracts. This was performed by a VA Surgeon in Ann Arbor V.A Hospital.

My vision is worse and is impaired at night and also during the daytime unless I wear Sunglasses.

My first Surgery was successful on my Right eye. My left eye was not. I had xrays which found something left inside which resulted in another Surgery to remove it.

After this I developed too much Scar tissue that I needed my ~~4th~~ 3rd Surgery. This did not improve my vision.

Donald Nichols



**DEPARTMENT OF  
VETERANS AFFAIRS**

**VA Ann Arbor Healthcare System  
2215 Fuller Rd  
Mail Stop: 136-ROI  
Ann Arbor, MI 48105**

**DATE: 3/8/2022  
In Reply Refer To: 136-ROI  
SSN: 9809**

**DONALD CHARLES NICHOLS  
445 1/2 WOLF LAKE RD  
BROOKLYN, MI 49230**

**RE: ROI Plus Request for DONALD CHARLES NICHOLS**

**Dear MR NICHOLS:**

**We have received your request for information on March 08, 2022.**

**The information listed below is furnished in response to your recent request under the Privacy Act and 45 CFR Part 164.**

**This individually identifiable information is privileged. Its confidentiality should be maintained along with appropriate security safeguards to protect against individual harm (identity theft), embarrassment, or inconvenience.**

**We thank you for your support of our mission. If you wish to discuss anything in this letter with me, please contact me at (734)769-7100 x5567.**

**Please note, these documents do not constitute a legal health record.**

**Sincerely,**

A handwritten signature in black ink, appearing to read "George Botello", written in a cursive style.

**GEORGE BOTELLO - Release of Information**

Interim Electronic Accounting of Disclosure for: NICHOLS,DONALD CHARLES

Page 1 of 1

**Patient:** NICHOLS,DONALD CHARLES  
445 1/2 WOLF LAKE RD  
BROOKLYN, MICHIGAN 49230

**Requestor:** DONALD CHARLES NICHOLS  
445 1/2 WOLF LAKE RD  
BROOKLYN, MI 49230

**Current Status:** OPEN

**Entered On:** Mar 08, 2022

**Closed On:**

**Assigned Clerk:** GEORGE BOTELLO

**Request Comments:** All eye surgery records.

**Released Info:**

Surgical Information: 25 GAUGE PARS PLANA VITRECTOMY WITH INDOCYANINE GREEN EPITHELIAL MEMBRANE

Surgical Information: 23 GAUGE PARS PLANA VITRECTOMY AND LENSECTOMY, CRYOPEXY, ENDOLASER,

Surgical Information: PHACOEMULSIFICATION WITH LENS IMPLANT, ANTERIOR VITRECTOMY, LEFT EYE

Surgical Information: PHACOEMULSIFICATION WITH LENS IMPLANT RIGHT EYE 07/30/2018 14:32:55

# Surgical Information

Printed On Mar 8, 2022

## OPERATION REPORT

LOCAL TITLE: OPERATION REPORT  
 STANDARD TITLE: OPERATIVE REPORT  
 DATE OF NOTE: AUG 12, 2020@08:18 ENTRY DATE: AUG 12, 2020@10:10:15  
 SURGEON: KILLEEN, OLIVIA J ATTENDING: CONRADY, CHRISTOPHER DALE  
 URGENCY: STATUS: COMPLETED  
 SUBJECT: Case #: 178955

PREOPERATIVE DIAGNOSIS: Epiretinal membrane, left eye

POSTOPERATIVE DIAGNOSES:

1. Epiretinal membrane, left eye

PROCEDURE PERFORMED: 25-gauge pars plana vitrectomy/ICG-assisted epiretinal membrane and internal limiting membrane peel, left eye

ANESTHESIA: General

SURGEON: Christopher Conrady, MD, PhD

ASSISTANT: Olivia Killeen, MD

INDICATIONS FOR PROCEDURE: Epiretinal membrane (confirmed on OCT) causing blurred/decreased vision. After the risks, benefits, indications and alternatives were thoroughly discussed including guarded visual prognosis due to history of complicated cataract surgery in the eye, the patient elected to proceed and written informed consent was obtained.

OPERATIVE PROCEDURE: The patient was brought to the operating room and a time-out was performed. The correct eye and procedure were verified. General anesthesia was administered by the anesthesia team.

The patient was prepped and draped in the usual sterile fashion. A Lieberman eyelid speculum was placed in the operative eye. Three localized peritomies were performed. A 7-0 vicryl suture was preplaced inferotemporally planning for a 3.5 mm trocar entry site. Using a 25-gauge valved trocar cannula system, sclerotomies were created through the pars plana in the inferotemporal, superotemporal, and superonasal quadrants through the pars plana 3.5 mm posterior to the limbus. The infusion line was inserted directly into the inferotemporal cannula and turned on after confirming appropriate placement under direct visualization.

The microvitrector and light pipe were introduced into the eye and the wide angle visualization system engaged. A complete vitrectomy was confirmed with short skirt noted. A scleral buckle with radial element superonasally was noted. A macula contact lens was placed on the cornea. The retina was inspected and notable for retinal folds within the macula and an epiretinal membrane. Dilute ICG was placed on the macular surface for one minute, after which the excess ICG removed from the eye. The ERM was grasped with ILM forceps and peeled out to the arcades. ILM was grasped with ILM forceps and peeled. The area was restained with ICG and ILM peeled out to nearly the

### PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

NICHOLS, DONALD CHARLES  
 445 1/2 WOLF LAKE RD  
 BROOKLYN, MICHIGAN 49230  
 DOB: 02/28/1947

### VISTA Electronic Medical Documentation

Printed at VA Ann Arbor Healthcare System, 2215  
 Fuller Road, Ann Arbor, MI

# Surgical Information

Printed On Mar 8, 2022

arcades. The retina was inspected with scleral depression. No untreated retinal breaks or tears were noted. An air-fluid exchange was not performed due to the AC IOL in place and the significant communication between the posterior chamber and anterior chamber with concern of inducing pupillary block. The wounds were then closed with 7-0 vicryl and the overlying peritomies closed with 7-0 vicryl as well.

The intraocular pressure was appropriate by palpation, and all wounds were airtight. A drop of Atropine and Maxitrol ointment were placed in the eye. The eye was patched and shielded. The patient tolerated the procedure well and there were no complications. The patient was taken to the recovery room in good condition where he was given post-operative instructions.

ATTENDING STATEMENT: I was present for the entire procedure and performed all key portions of the surgery.

/es/ CHRISTOPHER DALE CONRADY

Signed: 08/12/2020 15:13  
for OLIVIA J KILLEEN  
Resident, Ophthalmology

/es/ CHRISTOPHER DALE CONRADY

Cosigned: 08/12/2020 15:13

## NURSE INTRAOPERATIVE REPORT

LOCAL TITLE: NURSE INTRAOPERATIVE REPORT

STANDARD TITLE: NURSING OPERATIVE NOTE

DATE OF NOTE: AUG 12, 2020@08:18 ENTRY DATE: AUG 12, 2020@10:10:15

AUTHOR: CANETE, SERGIO-AUGUS EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

SUBJECT: Case #: 178955

Operating Room: OR5

Surgical Priority: ELECTIVE

Patient in Hold: NOT ENTERED

Patient in OR: AUG 12, 2020 08:18

Operation Begin: AUG 12, 2020 08:41

Operation End: AUG 12, 2020 10:00

Surgeon in OR: AUG 12, 2020 07:11

Patient Out OR: AUG 12, 2020 10:09

Major Operations Performed:

Primary: 25 GAUGE PARS PLANA VITRECTOMY WITH INDOCYANINE GREEN EPITHELIAL  
MEMBRANE PEEL, LEFT EYE

Wound Classification: CLEAN

Operation Disposition: OUTPATIENT/DISCHARGE

Discharged Via: STRETCHER

Primary Surgeon: KILLEEN, OLIVIA J

First Assist: N/A

### PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

NICHOLS, DONALD CHARLES  
445 1/2 WOLF LAKE RD  
BROOKLYN, MICHIGAN 49230  
DOB: 02/28/1947

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Attending Surgeon: CONRADY,CHRISTOPHER DALESecond Assist: N/A  
 Anesthetist: HOOVER,SARA LYNN CRNA Assistant Anesth: N/A

Other Scrubbed Assistants: N/A

OR Support Personnel:

Scrubbed	Circulating
GILL,AKIDA F (ORIENTEE)	CANETE,S. (FULLY TRAINED)
HARDEMON,DEBRA (FULLY TRAINED)	HERNDON,C. (FULLY TRAINED)

Other Persons in OR: N/A

Preop Mood: ANXIOUS	Preop Consc: ALERT-ORIENTED
Preop Skin Integ: N/A	Preop Converse: RESPONDS TO QUESTIONS

--- Time Out Checklist ---

Confirm Correct Patient Identity: YES  
 Confirm Procedure To Be Performed: YES  
 Confirm Site of the Procedure, Including Laterality: YES  
 Confirm Valid Consent: YES, i-MED  
 Confirm Patient Position: YES  
 Confirm Procedure Site has been Marked Appropriately and that the Site of the Mark is Visible After Prep and Draping: YES  
 Pertinent Medical Images Have Been Confirmed: N/A  
 Correct Medical Implant(s) is Available: NOT APPLICABLE  
 Availability of Special Equipment: YES  
 Appropriate Antibiotic Prophylaxis: NOT INDICATED  
 Appropriate Deep Vein Thrombosis Prophylaxis: YES  
 Blood Availability: NOT INDICATED

Checklist Comment:

CONRADY, CANETE, HARDEMON, HOOVER  
 FIRE RISK:2- MODERATE, STERILE H2O ON TABLE, FIRE ESTINGUISHER AVAILABLE

Time-Out Document Completed By: CANETE,SERGIO-AUGUSTUS T III

Time-Out Completed: AUG 12, 2020@08:39:05

Skin Prep By: KILLEEN,OLIVIA J	Skin Prep Agent: BETADINE
Skin Prep By (2): CONRADY,C.	2nd Skin Prep Agent: BETADINE

Preop Surgical Site Hair Removal by: N/A  
 Surgical Site Hair Removal Method: NO HAIR REMOVED  
 Hair Removal Comments: NO COMMENTS ENTERED

Surgery Position(s):

SUPINE	Placed: N/A
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Restraints and Position Aids:

SAFETY STRAP	Applied By: N/A
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Electrocautery Unit: N/A

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**

NICHOLS,DONALD CHARLES  
 445 1/2 WOLF LAKE RD  
 BROOKLYN, MICHIGAN 49230  
 DOB:02/28/1947

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# Surgical Information

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Sequential Compression Device: YES

Cell Saver(s): N/A

Devices: CONSTELLATION,MICROSCOPE,FRIGITRONICS

Immediate Use Steam Sterilization Episodes:

Contamination: 0  
 SPS Processing/OR Management Issues: 0  
 Emergency Case: 0  
 No Better Option: 0  
 Loaner or Short Notice Instrument: 0  
 Decontamination of Instruments Contaminated During the Case: 0

Nursing Care Comments:

PATIENT CHECKED IN POHA BY HERNDON-RN. EDUCATED PT IN PREOP RE: OR ACTIVITIES, POSITIONING AFTER SURGERY AND RESTRICTIONS IF GAS BUBBLE IS PLACED.  
 INSTRUMENTATIONS,EQUIPMENTS AND MEDICATIONS CHECKED PRIOR TO PATIENT ENTRY TO OR.  
 PATIENT TO OR BY ANESTHESIA PER STRETCHER WITH INVASIVE IV LINE. SCDS ACTIVATED PRIOR TO INDUCTION. BOTH ARMS AND WRISTS PADDED WITH FOAM AND ARMS SECURED AT SIDES-PALMS ON HIPS.PILLOW UNDER KNES.PATIENT STATED COMFORT BEFORE INDUCTION. LUBRICATING OINTMENT PLACED IN NONOPERATIVE EYE THEN TAPED SHUT PER ANESTHESIA AND SHIELDED DURING SURGERY.  
 PATIENT TOLERATED PROCEDURE WELL.  
 PATIENT TO PACU BY ANESTHESIA PER STRETCHER.

/es/ SERGIO-AUGUSTUS T CANETE III

RN

Signed: 08/12/2020 10:11

## OPERATION REPORT

LOCAL TITLE: OPERATION REPORT

STANDARD TITLE: OPERATIVE REPORT

DATE OF NOTE: AUG 29, 2018@08:07:30 ENTRY DATE: AUG 29, 2018@10:46:10

SURGEON: LILES,NATHAN A

ATTENDING: WUBBEN,THOMAS J MD

URGENCY:

STATUS: COMPLETED

SUBJECT: Case #: 169340

PREOPERATIVE DIAGNOSIS: Retained lens fragment, LEFT eye

POSTOPERATIVE DIAGNOSES:

1.Retained lens fragment, LEFT eye

### PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

NICHOLS,DONALD CHARLES  
 445 1/2 WOLF LAKE RD  
 BROOKLYN, MICHIGAN 49230  
 DOB:02/28/1947

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2.Vitreous hemorrhage, LEFT eye

3.Retinal break, LEFT Eye

4.Retinal detachment, Left eye

PROCEDURE PERFORMED: 23-gauge pars plana vitrectomy, pars plana lensectomy, cryo-retinopexy, endodiathermy, endolaser, fluid-air exchange, 14% C3F8 gas, LEFT eye

ANESTHESIA: MAC

Surgeon: Wubben, MD, PhD

Assistant: Liles, MD

INDICATIONS FOR PROCEDURE: Retained lens fragment from cataract extraction in the LEFT eye. After the risks, indications, benefits, and alternatives were thoroughly explained, the patient elected to proceed and signed informed consent.

OPERATIVE PROCEDURE: The patient was brought to the operating room and a time-out was performed where the correct side of operation and correct procedure were verified. The patient was prepped and draped in the usual sterile fashion. A Lieberman lid speculum was placed in the operative eye. Light sedation was administered by anesthesia. A focal peritomy was created inferonasally and sub-Tenon's block of 50:50 lidocaine (without epinephrine) and bupivacaine was administered.

Focal peritomies were made inferotemporally, superotemporally, and superonasally. A 7-0 Vicryl suture was pre-placed inferotemporally. Using a 23-gauge valved trocar cannula system, sclerotomies were created through the pars plana 3.5 mm posterior to the limbus in the inferotemporal, superotemporal, and superonasal quadrants. The infusion line was inserted directly into the inferotemporal cannula and turned on after confirming appropriate placement under direct visualization.

The microvitrector and light pipe were introduced into the eye and the wide angle visualization system engaged. A core vitrectomy was performed and large lens fragments were noted within the vitreous cavity. Dilute kenalog (1:9) was injected intravitreally to highlight the hyaloid. The hyaloid was found to be very adherent but was pulled up with the suction function on the vitrector anterior to the equator. During this procedure, it was noted the retina was being pulled up temporally. Once the hyaloid was up, attention was turned to the lens fragments. The lens fragments were removed with the 23-

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gauge vitrector. The periphery was examined with scleral depression and an inferior retinal tear was noted at 6:30 with a focal detachment. The retinal tear was marked with endodiathermy. Likewise, retinal detachment versus schisis was noted temporally from 1:00 to 6:00. A shave vitrectomy was performed. Cryoretinopexy was performed to vitreoretinal tufts versus small tears at 1:00 and 11:00. A fluid-air exchange was performed with drainage through the retinal break and the retina flattened. Endolaser was applied to the retinal break. A lavage with C3F8 (14%) was performed and all sclerotomies were closed 7-0 Vicryl and the conjunctiva was closed with 7-0 vicryl as well.

The intraocular pressure was appropriate by palpation, and all wounds were closed. Subconjunctival ceftazidime and dexamethasone were administered. A drop of Atropine as well as Maxitrol ointment were placed in the eye. The eye was patched and shielded. The patient tolerated the procedure well and there were no complications. The patient was taken to the recovery room in good condition where he was given post-operative instructions.

ATTENDING STATEMENT: I was present for the entire procedure and performed all key portions of the surgery.

/es/ THOMAS J WUBBEN MD  
 Attending Physician, Ophthalmology  
 Signed: 09/05/2018 07:24  
 for NATHAN W LILES  
 RESIDENT

/es/ THOMAS J WUBBEN MD  
 Attending Physician, Ophthalmology  
 Cosigned: 09/05/2018 07:24

## NURSE INTRAOPERATIVE REPORT

LOCAL TITLE: NURSE INTRAOPERATIVE REPORT  
 STANDARD TITLE: NURSING OPERATIVE NOTE  
 DATE OF NOTE: AUG 29, 2018@08:07:30 ENTRY DATE: AUG 29, 2018@10:46:10  
 AUTHOR: HERNDON,CHRISTINA K EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED  
 SUBJECT: Case #: 169340

Operating Room: OR5

Surgical Priority: ELECTIVE

Patient in Hold: NOT ENTERED

Patient in OR: AUG 29, 2018 07:59:15

Operation Begin: AUG 29, 2018 08:07:30 Operation End: AUG 29, 2018 10:43

Surgeon in OR: AUG 29, 2018 07:30 Patient Out OR: AUG 29, 2018 10:45

Major Operations Performed:

Primary: 23 GAUGE PARS PLANA VITRECTOMY AND LENSECTOMY, CRYOPEXY, ENDOLASER,

### PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

NICHOLS, DONALD CHARLES  
 445 1/2 WOLF LAKE RD  
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AIR/FLUID EXCHANGE, 14% C3F8 GAS INSTILLATION LEFT EYE

Wound Classification: CLEAN  
 Operation Disposition: OUTPATIENT/DISCHARGE  
 Discharged Via: STRETCHER

Primary Surgeon: LILES, NATHAN A	First Assist: N/A
Attending Surgeon: WUBBEN, THOMAS J MD	Second Assist: N/A
Anesthetist: NOT ENTERED	Assistant Anesth: N/A

Other Scrubbed Assistants: N/A

OR Support Personnel:

Scrubbed	Circulating
HARDEMON, DEBRA (FULLY TRAINED)	HERNDON, C. (FULLY TRAINED)
LEMKE, MARCIE E (ORIENTEE)	CANETE, S. (ORIENTEE)
	SATTTLER, CATHERYN MARY (FULLY TRAINED)

Other Persons in OR: N/A

Preop Mood: ANXIOUS	Preop Consc: ALERT-ORIENTED
Preop Skin Integ: N/A	Preop Converse: RESPONDS TO QUESTIONS

--- Time Out Checklist ---

Confirm Correct Patient Identity: YES  
 Confirm Procedure To Be Performed: YES  
 Confirm Site of the Procedure, Including Laterality: YES  
 Confirm Valid Consent: YES, i-MED  
 Confirm Patient Position: YES  
 Confirm Procedure Site has been Marked Appropriately and that the Site of the Mark is Visible After Prep and Draping: YES  
 Pertinent Medical Images Have Been Confirmed: N/A  
 Correct Medical Implant(s) is Available: NOT APPLICABLE  
 Availability of Special Equipment: YES  
 Appropriate Antibiotic Prophylaxis: NOT INDICATED  
 Appropriate Deep Vein Thrombosis Prophylaxis: NOT INDICATED  
 Blood Availability: NOT INDICATED  
 Checklist Comment:  
 WUBBEN, HERNDON, LEMKE, DERRIG

Time-Out Document Completed By: HERNDON, CHRISTINA KORNILAKIS  
 Time-Out Completed: AUG 29, 2018@08:07:23

Skin Prep By: LILES, NATHAN A	Skin Prep Agent: BETADINE
Skin Prep By (2): WUBBEN, THOMAS J MD	2nd Skin Prep Agent: BETADINE

Preop Surgical Site Hair Removal by: N/A  
 Surgical Site Hair Removal Method: NO HAIR REMOVED  
 Hair Removal Comments: NO COMMENTS ENTERED

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**

NICHOLS, DONALD CHARLES  
 445 1/2 WOLF LAKE RD  
 BROOKLYN, MICHIGAN 49230  
 DOB: 02/28/1947

**VISTA Electronic Medical Documentation**

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 Fuller Road, Ann Arbor, MI

# Surgical Information

Printed On Mar 8, 2022

Surgery Position(s):  
 SUPINE Placed: N/A

Restraints and Position Aids:  
 SAFETY STRAP Applied By: N/A

Electrocautery Unit: CONSTELLATION BIPOLAR  
 ESU Coagulation Range: N/A  
 ESU Cutting Range: N/A  
 Electroground Position(s): N/A

Material Sent to Laboratory for Analysis:  
 Specimens: N/A  
 Cultures: N/A

Anesthesia Technique(s):  
 MONITORED ANESTHESIA CARE

Tubes and Drains:  
 NONE

Tourniquet: N/A

Thermal Unit: N/A

Prosthesis Installed: N/A

Medications: N/A

Irrigation Solution(s):  
 BAL SALT+,500ML;.25EPI 1:1000  
 BALANCED SALT SOLUTION,18ML

Blood Replacement Fluids: N/A

Possible Item Retention: YES  
 Sponge Final Count Correct: NOT APPLICABLE  
 Sharps Final Count Correct: YES  
 Instrument Final Count Correct: YES  
 Wound Sweep: \* NOT ENTERED \*  
 Wound Sweep Comment: NO COMMENTS ENTERED  
 Intra-Operative X-Ray: \* NOT ENTERED \*  
 Intra-Operative X-Ray Comment: NO COMMENTS ENTERED  
 Counter: LEMKE,MARCIE E  
 Counts Verified By: HERNDON,CHRISTINA KORNILAKIS

Dressing: EYE PAD AND SHIELD  
 Packing: NONE

Blood Loss: 1 ml Urine Output:

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**

NICHOLS,DONALD CHARLES  
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# Surgical Information

Printed On Mar 8, 2022

Postoperative Mood: N/A  
 Postoperative Consciousness: N/A  
 Postoperative Skin Integrity: N/A  
 Postoperative Skin Color: N/A

## Laser Performed:

CONSTELLATION PUREPOINT Laser Type: N/A  
 Laser Start Time: AUG 29, 2018 10:13 Laser End Date: AUG 29, 2018 10:23  
 Laser Test Fire: 1 Laser Delivery System: HAND PIECE  
 Pulse Mode: REPEAT PULSE Power/Average Power: N/A  
 Interval/Repetition Rate: N/A Total Joules Delivered: N/A  
 Watts Delivered: N/A Wave Form: N/A  
 Pulse Width: N/A Energy Joules: N/A  
 Duration: 600 min.  
 Laser On Standby: 1 Laser Off and Key Secured : 1  
 Patient Precautions: TAPE  
 WATER AVAILABLE  
 Personnel Precautions: EYE SAFETY FILTER (MICROSCOPE)  
 SIGNAGE ON DOORS WITH APPROPRIATE WAVE LENGTH  
 SAFETY GLASSES USED

Sequential Compression Device: NO

Cell Saver(s): N/A

Devices: CONSTELLATION

## Immediate Use Steam Sterilization Episodes:

Contamination: 0  
 SPS Processing/OR Management Issues: 0  
 Emergency Case: 0  
 No Better Option: 0  
 Loaner or Short Notice Instrument: 0  
 Decontamination of Instruments Contaminated During the Case: 0

Nursing Care Comments: NO COMMENTS ENTERED

/es/ CHRISTINA KORNILAKIS HERNDON

Registered Nurse

Signed: 08/29/2018 10:51

## OPERATION REPORT

LOCAL TITLE: OPERATION REPORT  
 STANDARD TITLE: OPERATIVE REPORT  
 DATE OF NOTE: AUG 21, 2018@09:54:58 ENTRY DATE: AUG 21, 2018@11:43:59  
 SURGEON: LANGE, RYAN PAUL ATTENDING: JOHN, DENISE A  
 URGENCY: STATUS: COMPLETED

## PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

NICHOLS, DONALD CHARLES  
 445 1/2 WOLF LAKE RD  
 BROOKLYN, MICHIGAN 49230  
 DOB: 02/28/1947

## VISTA Electronic Medical Documentation

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# Surgical Information

Printed On Mar 8, 2022

SUBJECT: Case #: 168949

PRE-OPERATIVE DIAGNOSIS: Nuclear cataract, left eye

POST-OPERATIVE DIAGNOSIS: Same

OPERATION: Phacoemulsification with intraocular lens implant, left eye.

ATTENDING SURGEON(S): Denise John, MD

RESIDENT SURGEON: Ryan Lange, MD

ANESTHESIA: MAPS with RBB

COMPLICATIONS: None

ESTIMATED BLOOD LOSS: None

LENS: 11.5 D MTA4U0

CDE: 28.29

DESCRIPTION OF OPERATIVE PROCEDURE: After informed consent was obtained, the patient was brought to the operating room at the Ann Arbor VA Hospital, a time out was performed, and anesthesia was begun. The patient was then prepped and draped in the usual sterile manner for cataract surgery. A paracentesis port was created and Shugarcaine ophthalmic solution of balanced salt solution 0.9 millileter/Epinephrine 1:1000 0.4 millileter/Lidocaine 1 percent MPF 0.3 millileter was injected into the anterior chamber. The anterior chamber was filled with viscoelastic and a clear corneal incision was made. A capsulorrhexis was performed and the lens was hydrodissected with balanced Salt Solution (BSS) on a cannula. The lens was emulsified using a divide and conquer technique. At this point, while taking out the third quadrant, zonules across 3-4 clock hours detached and the edge of the capsular bag was seen. The second instrument was removed and the phaco tip remained on irrigation only. Amvisc was injected through the sideport over the region where the exposed zonules were visualized. The phaco tip was removed, and the primary wound was closed with a 10-0 nylon suture. A second sideport was created superiorly, and an anterior vitrectomy was performed. Miochol and miostat were injected into the eye, and the vitrector was used to create a peripheral iridotomy inferiorly. An 11.5 D MTA4U0 lens was placed into the anterior chamber after measuring the white-to-white to be 12 mm. The remaining viscoelastic substance was removed from the eye using irrigation and aspiration. The wounds were hydrated, and 3 10-0 nylon sutures were used to close the main wound, with the side ports becoming watertight with hydration. 1 milligram of cefuroxime in 0.1 was injected into the anterior chamber and the wounds were again checked and

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**

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# Surgical Information

Printed On Mar 8, 2022

watertight. The eye was of an appropriate physiologic pressure. A drop of 5 percent povidone iodine and a drop of Maxitrol were placed in the eye. He was given 1x dose of IV diamox as well. A Fox shield was placed and the patient was instructed to begin using the post-operative drops upon arriving home and to follow up in the clinic post-operative day number #1.

ATTENDING STATEMENT: I was present for the entire procedure.

/es/ DENISE A JOHN  
 Attending Physician, Ophthalmology  
 Signed: 08/28/2018 09:46  
 for RYAN PAUL LANGE  
 Resident, Ophthalmology

/es/ DENISE A JOHN  
 Attending Physician, Ophthalmology  
 Cosigned: 08/28/2018 09:46

## NURSE INTRAOPERATIVE REPORT

LOCAL TITLE: NURSE INTRAOPERATIVE REPORT  
 STANDARD TITLE: NURSING OPERATIVE NOTE  
 DATE OF NOTE: AUG 21, 2018@09:54:58 ENTRY DATE: AUG 21, 2018@11:43:59  
 AUTHOR: HERNDON, CHRISTINA K EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED  
 SUBJECT: Case #: 168949

Operating Room: OR5

Surgical Priority: ELECTIVE

Patient in Hold: NOT ENTERED Patient in OR: AUG 21, 2018 09:31:04  
 Operation Begin: AUG 21, 2018 09:54:58 Operation End: AUG 21, 2018 11:38  
 Surgeon in OR: AUG 21, 2018 09:22 Patient Out OR: AUG 21, 2018 11:42

### Major Operations Performed:

Primary: PHACOEMULSIFICATION WITH LENS IMPLANT, ANTERIOR VITRECTOMY, LEFT EYE

Wound Classification: CLEAN

Operation Disposition: OUTPATIENT/DISCHARGE

Discharged Via: STRETCHER

Primary Surgeon: LANGE, RYAN PAUL  
 Attending Surgeon: JOHN, DENISE A  
 Anesthetist: NOT ENTERED

First Assist: N/A  
 Second Assist: N/A  
 Assistant Anesth: N/A

Other Scrubbed Assistants: N/A

### OR Support Personnel:

Scrubbed

HARDEMON, DEBRA (FULLY TRAINED)

Circulating

HERNDON, C. (FULLY TRAINED)

### PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

NICHOLS, DONALD CHARLES  
 445 1/2 WOLF LAKE RD  
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# Surgical Information

Printed On Mar 8, 2022

HOLMES, CINDY S (FULLY TRAINED)

CALL, CRYSTAL M (ORIENTEE)

WIZYNAJTYS, MARY LYNN (FULLY TRAINED)

Other Persons in OR: N/A

Preop Mood: N/A

Preop Consc: N/A

Preop Skin Integ: N/A

Preop Converse: N/A

--- Time Out Checklist ---

Confirm Correct Patient Identity: YES

Confirm Procedure To Be Performed: YES

Confirm Site of the Procedure, Including Laterality: YES

Confirm Valid Consent: YES, i-MED

Confirm Patient Position: YES

Confirm Procedure Site has been Marked Appropriately and that the Site of the Mark is Visible After Prep and Draping: YES

Pertinent Medical Images Have Been Confirmed: N/A

Correct Medical Implant(s) is Available: YES

Availability of Special Equipment: YES

Appropriate Antibiotic Prophylaxis: YES

Appropriate Deep Vein Thrombosis Prophylaxis: NOT INDICATED

Blood Availability: NOT INDICATED

Checklist Comment:

LANGE, HERNDON, HARDEMON, HOOVER

Time-Out Document Completed By: HERNDON, CHRISTINA KORNILAKIS

Time-Out Completed: AUG 21, 2018@09:54

Skin Prep By: LANGE, RYAN PAUL

Skin Prep Agent: BETADINE

Skin Prep By (2): N/A

2nd Skin Prep Agent: N/A

Preop Surgical Site Hair Removal by: N/A

Surgical Site Hair Removal Method: NO HAIR REMOVED

Hair Removal Comments: NO COMMENTS ENTERED

Surgery Position(s):

SUPINE

Placed: N/A

Restraints and Position Aids:

SAFETY STRAP

Applied By: N/A

Electrocautery Unit: NA

ESU Coagulation Range: N/A

ESU Cutting Range: N/A

Electroground Position(s): N/A

Material Sent to Laboratory for Analysis:

Specimens: N/A

Cultures: N/A

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**

NICHOLS, DONALD CHARLES  
 445 1/2 WOLF LAKE RD  
 BROOKLYN, MICHIGAN 49230  
 DOB: 02/28/1947

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# Surgical Information

Printed On Mar 8, 2022

Anesthesia Technique(s):

MONITORED ANESTHESIA CARE

Tubes and Drains:

NONE

Tourniquet: N/A

Thermal Unit: N/A

Prosthesis Installed:

Item: LENS, INTRAOCULAR

Implant Sterility Checked (Y/N): YES

Sterility Expiration Date: OCT 31, 2021

RN Verifier: HERNDON, CHRISTINA KORNILAKIS

Vendor: ALCON

Model: MTA4U0

Lot Number: NA

Serial Number: 12502287 068

Lot/Serial Number: NA

Size: 11.5D

Provider Read Back Performed: YES

Sterile Resp: MANUFACTURER

Quantity: 1

Medications: N/A

Irrigation Solution(s):

BALANCED SALT SOLUTION, 18ML

BAL SALT, 500ML; .3EPI 1:1000

Blood Replacement Fluids: N/A

Possible Item Retention: YES

Sponge Final Count Correct: NOT APPLICABLE

Sharps Final Count Correct: YES

Instrument Final Count Correct: YES

Wound Sweep: \* NOT ENTERED \*

Wound Sweep Comment: NO COMMENTS ENTERED

Intra-Operative X-Ray: \* NOT ENTERED \*

Intra-Operative X-Ray Comment: NO COMMENTS ENTERED

Counter: HARDEMON, DEBRA

Counts Verified By: HERNDON, CHRISTINA KORNILAKIS

Dressing: EYE PAD AND SHIELD

Packing: NONE

Blood Loss: 0 ml

Urine Output:

Postoperative Mood: N/A

Postoperative Consciousness: N/A

Postoperative Skin Integrity: N/A

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**

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 445 1/2 WOLF LAKE RD  
 BROOKLYN, MICHIGAN 49230  
 DOB: 02/28/1947

**VISTA Electronic Medical Documentation**

Printed at VA Ann Arbor Healthcare System, 2215  
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# Surgical Information

Printed On Mar 8, 2022

Postoperative Skin Color: N/A

Laser Performed: N/A

Sequential Compression Device: NO

Cell Saver(s): N/A

Devices: INFINITI

Immediate Use Steam Sterilization Episodes:

Contamination: 0

SPS Processing/OR Management Issues: 0

Emergency Case: 0

No Better Option: 0

Loaner or Short Notice Instrument: 0

Decontamination of Instruments Contaminated During the Case: 0

Nursing Care Comments:

PHACO TIME:28.29

/es/ CHRISTINA KORNILAKIS HERNDON

Registered Nurse

Signed: 08/21/2018 11:58

## ----- OPERATION REPORT -----

LOCAL TITLE: OPERATION REPORT

STANDARD TITLE: OPERATIVE REPORT

DATE OF NOTE: JUL 30, 2018@14:32:55 ENTRY DATE: JUL 30, 2018@15:46:45

SURGEON: GARZA, PHILIP S

ATTENDING: BIXLER, JILL MD

URGENCY:

STATUS: COMPLETED

SUBJECT: Case #: 168734

Preoperative diagnosis: Nuclear sclerotic cataract, right eye

Postoperative diagnosis: Same

Procedure: Phacoemulsification cataract surgery with intraocular lens (IOL) implantation, right eye

Attending surgeon: Jill Bixler, MD

Resident surgeon: Philip S. Garza, MD, MSc

Anesthesia: MAPS with retrobulbar block

Complications: None

### PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

NICHOLS, DONALD CHARLES  
445 1/2 WOLF LAKE RD  
BROOKLYN, MICHIGAN 49230  
DOB: 02/28/1947

### VISTA Electronic Medical Documentation

Printed at VA Ann Arbor Healthcare System, 2215  
Fuller Road, Ann Arbor, MI

# Surgical Information

Printed On Mar 8, 2022

Indications for procedure: The patient has visually significant cataract interfering with his visual function. The patient was advised to undergo phacoemulsification cataract surgery to improve vision in the operative eye. After discussion of the risks and benefits of cataract surgery, the patient voiced understanding and elected to proceed with cataract surgery.

Procedure and findings: After reviewing the preoperative data and informed consent, the patient was brought to the operating room where anesthesia placed appropriate cardiac and pulmonary monitoring leads. A time-out was completed verifying correct patient, procedure, site, positioning, and implant(s). Proparacaine drops were instilled in the operative eye. A retrobulbar block consisting of a 50:50 mix of 2% lidocaine and 0.75% Marcaine was performed on the operative eye. The operative eye was prepped and draped in the usual sterile fashion with 50% dilute betadine. A wire lid speculum was used to separate the eyelids. A 75/15 blade was used to create a paracentesis at about 7 o'clock. Viscoelastic was injected into the anterior chamber. A 2.8 mm keratome was used to create the temporal clear corneal wound. The cystotome followed by Utrata forceps were then used to perform a continuous curvilinear capsulorhexis. Using the Chang cannula, the lens was then hydrodissected and hydrodelineated with balanced salt solution (BSS) and found to be mobile. The phacoemulsification hand piece was used to divide the lens into four quadrants, and each quadrant was removed. The CDE was 40.91. The I/A handpiece was used to remove all remaining cortex, after which the bag was filled with viscoelastic. A 14.5 diopter SN60WF lens was injected into the capsular bag of the eye from the temporal corneal wound and rotated into position. Viscoelastic was removed using irrigation and aspiration. The corneal incisions were hydrated with BSS and found to be watertight. Intracameral cefuroxime 1mg/0.1ml was injected into the anterior chamber. 50% dilute betadine was instilled onto the ocular surface. The eyelid speculum was removed. Maxitrol ointment was applied to the ocular surface. The eye was dressed with a gauze pad and a hard shield. The patient tolerated the procedure well and was taken to the recovery room in stable condition.

Attending Statement: Dr. Bixler was present for the entire procedure.

/es/ JILL BIXLER MD  
Attending Physician, Ophthalmology  
Signed: 08/13/2018 08:44  
for PHILIP S GARZA, MD, MSc  
Resident Physician, Ophthalmology

/es/ JILL BIXLER MD  
Attending Physician, Ophthalmology  
Cosigned: 08/13/2018 08:44

## NURSE INTRAOPERATIVE REPORT

LOCAL TITLE: NURSE INTRAOPERATIVE REPORT  
STANDARD TITLE: NURSING OPERATIVE NOTE

### PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

NICHOLS, DONALD CHARLES  
445 1/2 WOLF LAKE RD  
BROOKLYN, MICHIGAN 49230  
DOB: 02/28/1947

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# Surgical Information

Printed On Mar 8, 2022

DATE OF NOTE: JUL 30, 2018@14:32:55 ENTRY DATE: JUL 30, 2018@15:46:45

AUTHOR: HERNDON,CHRISTINA K EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

SUBJECT: Case #: 168734

Operating Room: OR5

Surgical Priority: ELECTIVE

Patient in Hold: NOT ENTERED

Patient in OR: JUL 30, 2018 14:15:15

Operation Begin: JUL 30, 2018 14:32:55 Operation End: JUL 30, 2018 15:37:10

Surgeon in OR: JUL 30, 2018 14:15 Patient Out OR: JUL 30, 2018 15:40

Major Operations Performed:

Primary: PHACOEMULSIFICATION WITH LENS IMPLANT RIGHT EYE

Wound Classification: CLEAN

Operation Disposition: OUTPATIENT/DISCHARGE

Discharged Via: STRETCHER

Primary Surgeon: GARZA,PHILIP S

First Assist: N/A

Attending Surgeon: BIXLER,JILL MD

Second Assist: N/A

Anesthetist: NOT ENTERED

Assistant Anesth: N/A

Other Scrubbed Assistants: N/A

OR Support Personnel:

Scrubbed

Circulating

SATTTLER,CATHERYN MARY (FULLY TRAINED) HERNDON,C. (FULLY TRAINED)

KOC SIS,CARLA (FULLY TRAINED) MACGREGOR,KENNET J (FULLY TRAINED)

Other Persons in OR: N/A

Preop Mood: RELAXED

Preop Consc: ALERT-ORIENTED

Preop Skin Integ: INTACT

Preop Converse: RESPONDS TO QUESTIONS

--- Time Out Checklist ---

Confirm Correct Patient Identity: YES

Confirm Procedure To Be Performed: YES

Confirm Site of the Procedure, Including Laterality: YES

Confirm Valid Consent: YES, i-MED

Confirm Patient Position: YES

Confirm Procedure Site has been Marked Appropriately and that the Site of the Mark is Visible After Prep and Draping: YES

Pertinent Medical Images Have Been Confirmed: N/A

Correct Medical Implant(s) is Available: YES

Availability of Special Equipment: YES

Appropriate Antibiotic Prophylaxis: YES

Appropriate Deep Vein Thrombosis Prophylaxis: NOT INDICATED

Blood Availability: NOT INDICATED

Checklist Comment:

GARZA, HERNDON, SATTTLER, MURRAY

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**

NICHOLS,DONALD CHARLES  
 445 1/2 WOLF LAKE RD  
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 DOB:02/28/1947

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# Surgical Information

Printed On Mar 8, 2022

Time-Out Document Completed By: HERNDON,CHRISTINA KORNILAKIS  
 Time-Out Completed: JUL 30, 2018@14:32:46

Skin Prep By: GARZA,PHILIP S Skin Prep Agent: BETADINE  
 Skin Prep By (2): N/A 2nd Skin Prep Agent: N/A

Preop Surgical Site Hair Removal by: N/A  
 Surgical Site Hair Removal Method: NO HAIR REMOVED  
 Hair Removal Comments: NO COMMENTS ENTERED

Surgery Position(s):  
 SUPINE Placed: N/A

Restraints and Position Aids:  
 SAFETY STRAP Applied By: N/A

Electrocautery Unit: NA  
 ESU Coagulation Range: N/A  
 ESU Cutting Range: N/A  
 Electroground Position(s): N/A

Material Sent to Laboratory for Analysis:  
 Specimens: N/A  
 Cultures: N/A

Anesthesia Technique(s):  
 MONITORED ANESTHESIA CARE

Tubes and Drains:  
 NONE

Tourniquet: N/A

Thermal Unit: N/A

Prosthesis Installed:  
 Item: LENS,INTRAOCULAR  
 Implant Sterility Checked (Y/N): YES  
 Sterility Expiration Date: JUN 30, 2022  
 RN Verifier: HERNDON,CHRISTINA KORNILAKIS  
 Vendor: ALCON  
 Model: SN60WF  
 Lot Number: NA  
 Serial Number: 21196689 044  
 Lot/Serial Number: NA  
 Size: 14.5D  
 Provider Read Back Performed: YES

Sterile Resp: MANUFACTURER  
 Quantity: 1

Medications: N/A

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**

NICHOLS,DONALD CHARLES  
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# Surgical Information

Printed On Mar 8, 2022

## Irrigation Solution(s):

BALANCED SALT SOLUTION, 18ML  
BAL SALT, 500ML; .3EPI 1:1000

Blood Replacement Fluids: N/A

Possible Item Retention: YES

Sponge Final Count Correct: NOT APPLICABLE

Sharps Final Count Correct: YES

Instrument Final Count Correct: YES

Wound Sweep: \* NOT ENTERED \*

Wound Sweep Comment: NO COMMENTS ENTERED

Intra-Operative X-Ray: \* NOT ENTERED \*

Intra-Operative X-Ray Comment: NO COMMENTS ENTERED

Counter: KOC SIS, CARLA

Counts Verified By: MACGREGOR, KENNET J

Dressing: EYE PAD AND SHIELD

Packing: NONE

Blood Loss: 0 ml

Urine Output:

Postoperative Mood: N/A

Postoperative Consciousness: N/A

Postoperative Skin Integrity: N/A

Postoperative Skin Color: N/A

Laser Performed: N/A

Sequential Compression Device: NO

Cell Saver(s): N/A

Devices: INFINITI

## Immediate Use Steam Sterilization Episodes:

Contamination: 0

SPS Processing/OR Management Issues: 0

Emergency Case: 0

No Better Option: 0

Loaner or Short Notice Instrument: 0

Decontamination of Instruments Contaminated During the Case: 0

## Nursing Care Comments:

PHACO TIME: 40.91

/es/ KENNET J MACGREGOR

Registered Nurse

Signed: 07/30/2018 15:47

## PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

NICHOLS, DONALD CHARLES  
445 1/2 WOLF LAKE RD  
BROOKLYN, MICHIGAN 49230  
DOB: 02/28/1947

## VISTA Electronic Medical Documentation

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Fuller Road, Ann Arbor, MI

# Surgical Information

Printed On Mar 8, 2022

for CHRISTINA KORNILAKIS HERNDON  
Registered Nurse

**PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)**

NICHOLS, DONALD CHARLES  
445 1/2 WOLF LAKE RD  
BROOKLYN, MICHIGAN 49230  
DOB:02/28/1947

**VISTA Electronic Medical Documentation**

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## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

DONALD C. NICHOLS

(b) County of Residence of First Listed Plaintiff LENWEE  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

## DEFENDANTS

ANN ARBOR VA MEDICAL CENTER

County of Residence of First Listed Defendant WASHINGTON

Case: 3:22-cv-11971

Judge: Cleland, Robert H.

MJ: Ivy, Curtis

Filed: 08-23-2022 At 02:45 PM

CMP DONALD C. NICHOLS V ANN ARBOR V  
A MEDICAL CENTER (LG)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                        | DEF                        |   | PTF                        | DEF                        |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

## VI. CAUSE OF ACTION

Brief description of cause:

ANN ARBOR VA MEDICAL OPERATION ON LEFT EYE

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

## FOR OFFICE USE ONLY

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